

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In Re: Michael D Scott

Bk # 17-70045-JAD

Debtor, Petitioner

Chapter 7

Motion to Amend Schedule
Interm Fed. R. Bankr. P. 1009(a)

Now comes the petitioner "Debtor" Michael David Scott,
requesting that the Court grant his motion to amend the enclosed
schedule(s).

On May 16, 2017, a 341 meeting was held, the Debtor agreed to
file an amended schedule within 14 days of the meeting. And so,
the Debtor is complying with the Trustee's request and requesting
that the Court grants the motion and file the enclosed schedules.

Respectfully Submitted;



Michael David Scott

May 25, 2017

772 Saint Joseph Street

Loretto PA 15940

RECEIVED
2017 MAY 30 A 10:58
CLERK
U.S. BANKRUPTCY COURT
PITTSBURGH

Fill in this information to identify your case:

Debtor 1 Michael David Scott
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number (if known) 17-70045-JAD

RECEIVED

2017 MAY 30 A 10:58

CLERK
U.S. BANKRUPTCY COURT
PITTSBURGH

Check if this is an amended filing ☒

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion if any |
|--|--|--|
| \$ 714,841.66 | \$ | \$ 714,841.66 |

2.1 OCWEN Home Loans

Creditor's Name
1661 Worthington Rd
Number Street
Suite 100

Describe the property that secures the claim:

40 Old Stable Drive
Mansfield MA 02048

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☒ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

West Palm Beach FL 33409
City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 12/04/03

Last 4 digits of account number 4415

2.2 Direct Federal Credit Union

Creditor's Name
50 Cabot St
Number Street

Describe the property that secures the claim:

40 Old Stable Drive
Mansfield MA 02048

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 02/03/06

Last 4 digits of account number 4415

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 969,841.66

Debtor 1 Michael David Scott

First Name Middle Name Last Name

Case number (if known) 17-70045-JAD

| Part 1: | Additional Page | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion if any |
|--|---|---|--|--|
| LRJ Trust Creditor's Name 1582 Dorchester Ave Number Street C/O HNN Law Dorchester MA 02124 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 02/03/09 | Describe the property that secures the claim: 40 Old Stable Drive Mansfield MA 02048 As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) This item is disputed lender failed to provide payoff or discharge Last 4 digits of account number 4415 | \$ 250,000 | \$ | \$ 250,000 |
| Bank of America Creditor's Name 100 North Tyron St Number Street Headquarters Charlotte NC 28202 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 02/05/09 | Describe the property that secures the claim: 40 Old Stable Drive Mansfield MA 02048 As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Expired Real Estate Attachment MGL Part III Title II Chapter 233 Section 114 A Last 4 digits of account number 4415 | \$ 1,750,000 | \$ | \$ 1,750,000 |
| OCWEN Home Loans Creditor's Name 1661 Worthington Road Number Street Suite 100 West Palm Beach FL 33409 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 12/12/05 | Describe the property that secures the claim: 8 Tiffany Road Bourne MA 02532 As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) | \$ 414,023.46 | \$ | \$ 414,023.46 |
| Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Write that number here: | | \$ 2,414,023.46 \$ | | |

Debtor 1 Michael David Scott
 First Name Middle Name Last Name

Case number (if known) 17-70045-JAD

| Part 1: | Additional Page | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion if any |
|---|-----------------|---|--|--|
| Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | | | | |
| Direct Federal Credit Union Describe the property that secures the claim: | | \$127,000 | \$ | \$127,000 |
| Creditor's Name <u>50 Cabot St</u> Number Street <u>#11</u> <u>Needham MA 02494</u> City State ZIP Code | | <u>8 Tiffany Road</u> <u>Bourne MA 02532</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>506(a)</u> | | |
| Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt | | Date debt was incurred <u>04/07/06</u> Last 4 digits of account number <u>4415</u> | | |
| Zaniel Mahmood et al Describe the property that secures the claim: | | \$195,000 | \$ | \$195,000 |
| Creditor's Name <u>45 Lyman St.</u> Number Street <u>C/O David M Click</u> <u>Westborough MA 01581</u> City State ZIP Code | | <u>40 Old Stable Road</u> <u>Mansfield MA 02048</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Real Estate Attachment</u> | | |
| Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt | | Date debt was incurred <u>9/23/14</u> Last 4 digits of account number <u>4415</u> | | |
| Ban of America Describe the property that secures the claim: | | \$1,750,000 | \$ | \$1,750,000 |
| Creditor's Name <u>100 North Trvon St</u> Number Street <u>Headquarters</u> <u>Charlotte NC 28202</u> City State ZIP Code | | <u>8 Tiffany Road</u> <u>Bourne MA 02532</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Expired Real Estate Attachment</u> | | |
| Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt | | Date debt was incurred <u>12/05/09</u> Last 4 digits of account number <u>4415</u> | | |
| Add the dollar value of your entries in Column A on this page. Write that number here: | | \$2,072,000 | | |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: | | \$ | | |

Debtor 1 Michael David Scott
 First Name Middle Name Last Name

Case number (if known) 17-70045-JAD

| Part 1: | Additional Page | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim. | Column C Unsecured portion if any. |
|--|---|--|---|---|
| <p>ASC</p> <p>Creditor's Name <u>P.O. Box 10388</u> Number Street</p> <p><u>Des Moines IA 50306</u> City State ZIP Code</p> <p>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>12/12/05</u></p> | <p>Describe the property that secures the claim: <u>6 Eric Road #52</u> <u>Mansfield MA 02048</u></p> <p>As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)</p> <p>Last 4 digits of account number <u>4415</u></p> | \$200,983 | \$176,045 | \$24,938 |
| <p>Ban of America</p> <p>Creditor's Name <u>100 North Tyron St</u> Number Street</p> <p><u>Headquarters</u> <u>Charlotte NC 28202</u> City State ZIP Code</p> <p>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>02/09</u></p> | <p>Describe the property that secures the claim: <u>6 Erick Road #52</u> <u>Mansfield MA 02048</u></p> <p>As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Expired Real Estate Attachment</u></p> <p>Last 4 digits of account number <u>4415</u></p> | \$1,750,000 | \$ | \$1,750,000 |
| <p>SLS</p> <p>Creditor's Name <u>8742 Lucent Blvd.</u> Number Street</p> <p><u>Suite 300</u> <u>Highland Ranch CO 80129</u> City State ZIP Code</p> <p>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>12/12/05</u></p> | <p>Describe the property that secures the claim: <u>6 Erick Road #52</u> <u>Mansfield MA 02048</u></p> <p>As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)</p> <p>Last 4 digits of account number <u>4415</u></p> | \$20,244 | \$ | \$20,144 |
| <p>Add the dollar value of your entries in Column A on this page. Write that number here:</p> <p>If this is the last page of your form, add the dollar value totals from all pages. Write that number here:</p> | | \$1,971,227 | | |

Debtor 1 Michael David Scott

Case number (if known) 17-70045-JAD

First Name Middle Name Last Name

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

| Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion if any |
|---|--|--|
|---|--|--|

002

Unknown See attached

Describe the property that secures the claim:

\$ 11,381,002 \$ 11,381,002

Creditor's Name

Unknown

Number Street

Unknown

Unknown

City State ZIP Code

6 Erick Road
Mansfield MA 02048

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☒ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) Restitution Inchoate Lien

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 11/12/15

Last 4 digits of account number 9153

Unknown See attached

Describe the property that secures the claim:

\$ 205,635 \$ 205,635

Creditor's Name

Unknown

Number Street

Unknown

Unknown

City State ZIP Code

6 Eric Road
Mansfield MA 02048

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☒ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) Restitution Inchoate Lien

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 3/25/16

Last 4 digits of account number 2244

Tufts Investment LLC

Describe the property that secures the claim:

\$ 195,000 \$ 120,000

Creditor's Name

92-96 George Street

Number Street

Roxbury MA 02119

City State ZIP Code

92-96 George St.
Roxbury MA 02119

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☒ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 2013

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 11,781,637

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$

Fill in this information to identify your case:

Debtor 1 Michael David Scott
 First Name Middle Name Last Name
 Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name
Western Pennsylvania
 United States Bankruptcy Court for the District of
 Case number 17-70045-JAD
 (If known)

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2017 MAY 30 A 10:58
☒ Check if this is an amended filing

CLERK
 U.S. BANKRUPTCY COURT
 PITTSBURGH

12/15

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
| \$ 217,489 | \$ 0 | \$ 217,489 |

2.1 Internal Revenue Service

Priority Creditor's Name
P.O. Box 7346
 Number Street
Centralized Insolvency Operations
Philadelphia PA 19101
 City State ZIP Code

Last 4 digits of account number 4415
 When was the debt incurred? 12/31/06

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☒ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

2.2 Internal Revenue Service

Priority Creditor's Name
P.O. Box 7346
 Number Street
Centralized Insolvency Operations
Philadelphia PA 19101
 City State ZIP Code

Last 4 digits of account number 4415
 When was the debt incurred? 03/30/09

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☒ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☒ Unliquidated
☒ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Debtor 1 Michael David Scott
First Name Middle Name Last Name

Case number (if known) 17-70045-JAD

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim **Priority amount** **Nonpriority amount**

2.3 ☐ **Internal Revenue Service** Last 4 digits of account number 4415 \$ 83,646 \$ 0 \$ 83,646

Priority Creditor's Name
P.O. Box 7346

When was the debt incurred? 04/13/15

Centralized Insolvency Operations

Philadelphia PA 19101

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Is the claim subject to offset?

- ☐ No
☒ Yes

2.4 ☐ **Massachusetts Dept. Of Revenue** Last 4 digits of account number 4415 \$ 527,581 \$ 0 \$ 527,581

Priority Creditor's Name
P.O. Box 7021

When was the debt incurred? 04/26/16

Number Street
Collections Bureau

Boston MA 02204

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify This claim is invalid the State Failed to provide any proof of claim

Is the claim subject to offset?

- ☐ No
☒ Yes

Priority Creditor's Name

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number Street

When was the debt incurred? _____

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor 1 Michael David Scott
First Name Middle Name Last Name

Case number (if known) 17-70045-JAD

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|--|--|--|-------------------|
| 4.1 | <u>U.S. Department of Education</u> <small>Nonpriority Creditor's Name</small> <u>P.O. Box 105028</u> <small>Number Street</small> <u>Atlanta GA 30348-502</u> <small>City State ZIP Code</small> | Last 4 digits of account number <u>4415</u> When was the debt incurred? <u>1999</u> | \$ <u>105.484</u> |
| <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | |
| <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p> | | | |

| | | | |
|---|---|---|------------------|
| 4.2 | <u>EDS CCA</u> <small>Nonpriority Creditor's Name</small> <u>700 Longwater Drive</u> <small>Number Street</small> <u>Norwell MA 02061</u> <small>City State ZIP Code</small> | Last 4 digits of account number <u>4415</u> When was the debt incurred? <u>appx 2009</u> | \$ <u>11,200</u> |
| <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | |
| <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Commonwealth of Massachusetts</u></p> | | | |

| | | | |
|--|---|--|-----------------|
| 4.3 | <u>Midland Funding LLC</u> <small>Nonpriority Creditor's Name</small> <u>P.O. Box 549287</u> <small>Number Street</small> <u>Waltham MA 02454</u> <small>City State ZIP Code</small> | Last 4 digits of account number <u>4415</u> When was the debt incurred? _____ | \$ <u>1,198</u> |
| <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | |
| <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p> | | | |

Debtor 1

Michael David Scott
First Name Middle Name Last Name

Case number (if known) 17-70045-JAD

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

Sunrise Credit

Last 4 digits of account number 4415

\$ 657

Nonpriority Creditor's Name

P.O. Box 9100

Number Street

Farmingdale NY 11735-9100

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

☒ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Utility bill/cell phone

4.5

Sturdy Memorial Hospital

Last 4 digits of account number 4415

\$ 2,116

Nonpriority Creditor's Name

P.O. Box 60

Number Street

Rochester New Hampshire 03866

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

☒ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Hospital Bill

4.6

Bank of America

Last 4 digits of account number 4415

\$ 1,000,000

Nonpriority Creditor's Name

100 North Tyron St.

Number Street

Charlotte NC 28202

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

When was the debt incurred? 2009

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Judgement

Debtor 1 Michael David Scott
First Name Middle Name Last Name

Case number (if known) 17-70045-JAD

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4 7

Transworld Systems Inc.

Nonpriority Creditor's Name

802 E. Marlinton Rd. Ste. 201

Number Street

North Augusta SC 29841

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number 4415

497

\$

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☒ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other, Specify Utility Services

+ 8

Denovus Corporation Ltd.

Nonpriority Creditor's Name

480 Johnson Road Suite 110

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number 4415

1,411

\$

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☒ Contingent

☒ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other, Specify Credit Card

9

Zainal Mahmood et al

Nonpriority Creditor's Name

45 Lyman St. Suite 28

Number Street

Westborough MA 01851

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number 4415

195,000

\$

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other, Specify Pending suit

Debtor 1 Michael David Scott
First Name Middle Name Last Name

Case number (if known) 17-70045-JAD

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

Bonaberi Corp & Rose Ake

Last 4 digits of account number 4415

\$ unspecified

Nonpriority Creditor's Name

1340 Centre St. # 103

Number Street

Newton MA 02459-2444

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

When was the debt incurred? 2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify Pending Suit Dk # 168CV01857

Town of Mansfield

Last 4 digits of account number 4415

\$ 2,818

Nonpriority Creditor's Name

6 Park Row

Number Street

Mansfield MA 02048

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

When was the debt incurred? Jan 2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify Water Bill

Collora LLP

Nonpriority Creditor's Name

100 High St.

Number Street

Boston MA 02110

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number 9001

\$ 613,386 87

When was the debt incurred? March 25 2014-11/15/1015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Legal Fees

Debtor 1 **Michael David Scott**

First Name Middle Name Last Name

Case number (if known) **17-0045-JAD**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name _____
 Number _____ Street _____
 City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name _____
 Number _____ Street _____
 City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name _____
 Number _____ Street _____
 City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name _____
 Number _____ Street _____
 City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name _____
 Number _____ Street _____
 City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name _____
 Number _____ Street _____
 City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name _____
 Number _____ Street _____
 City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Debtor 1 Michael David Scott
First Name Middle Name Last Name

Case number (if known) 17-70045-JAD

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | Total claim |
|---|----------------|
| Total claims from Part 1 | |
| 6a. Domestic support obligations | 6a. \$ 0 |
| 6b. Taxes and certain other debts you owe the government | 6b. \$ 850,143 |
| 6c. Claims for death or personal injury while you were intoxicated | 6c. \$ 0 |
| 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + \$ 0 |
| 6e. Total. Add lines 6a through 6d. | 6e. \$ 850,143 |

| | Total claim |
|---|-----------------------|
| Total claims from Part 2 | |
| 6f. Student loans | 6f. \$ 105,484 |
| 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ 0 |
| 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. \$ 0 |
| 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + \$ 1,828,283.80 |
| 6j. Total. Add lines 6f through 6i. | 6j. \$ 2,783,910.80 |